DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-2678 (09/26/05)

COMMUNITY RELOCATION INITIATIVE
INITIAL CARE PLAN INFORMATION AND FUNDING ESTIMATE

Completion of this form is voluntary. If not completed, the request cannot be processed. The personally identifiable information is being collected to process program eligibility. Completed forms will only be accessed by staff processing the request.

Name – Applicant		County Applying
Date of Birth	Medicaid Number	Name of Nursing Home

Date of Admission to Nursing Home	Date of Planned Relocation/Discharge	Is the Nursing Home Closing or Downsizing? ☐ Yes ☐ No

If Nursing Home stay is less than 100 days, document why the stay is expected to be long term

Proposed New Living Arrangement	Estimate of the person's **daily waiver** cost (Do not include room and board or cost share.)

This cost **includes** the following estimated **daily** amounts:

Supportive Home Care	CBRF Service Per diem	Transportation
Adult Day Care	Adaptive Aids	Home Modification

Other

If this person chooses to move to a substitute care setting, what are the monthly room and board costs?

Estimate of the daily **Medicaid card** services person will need (hours/day; times/week; or dollar amount, if known):

MA Personal Care	Home Health (RN / Therapies)

Other Known, e.g., Transp., DME, DMS

Will this person receive **SSI** upon return to the community?	☐ Yes	☐ No
Will this person access the SSI Exceptional Expense (**SSI-E**) benefit?	☐ Yes	☐ No
Will **one time funding** be needed for start-up costs (not covered by CIP II)?	☐ Yes	☐ No

Explain cost and items

Amount of person's income

SIGNATURE – Care Manager	Name – Care Manager (**Print**)	Date Signed

Telephone Number	Fax Number	E-Mail Address

Fax completed form to Bureau of Long-Term Support/Community Relocation Initiative at 608-267-2913

For Bureau of Long-Term Support use

☐ Estimate not able to be approved—no Medicaid data available. BLTS will hold.

☐ Estimate not able to be approved at this time. BLTS will hold as pending.

☐ Estimate approved to proceed. Develop and submit waiver application packet to TMG.

Estimate approved by BLTS on:	Total Amount (waiver and MA card):	Estimate approval faxed to county on: